

Print Form

**PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

**Certificate of Organization
Domestic Limited Liability Company
(15 Pa.C.S. § 8913)**

Name KEYSTONE CHOICE PHARMACY LLC		
Address C/O JAMES MURRAY, P.O. BOX 297		
City CALIFON	State NJ	Zip Code 07830

Document will be returned to the name and address you enter to the left.

Fee: \$125

In compliance with the requirements of 15 Pa.C.S. § 8913 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company (*designator is required, i.e., "company", "limited" or "limited liability company" or abbreviation*):

KEYSTONE CHOICE PHARMACY LLC

2. The (a) address of the limited liability company's initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) Number and Street	City	State	Zip	County
448 CEDARVILLE RD, STE 9	EASTON	PA	18042	NORTHAMPTON

(b) Name of Commercial Registered Office Provider	County
c/o:	

3. The name and address, including street and number, if any, of each organizer is (*all organizers must sign on page 2*):

Name	Address
JON P. LETKO	50 MELCHOR DRIVE, EASTON, PA 18042

EXHIBIT

tabbles

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DSCB:15-8913-2

~~4. Strike out if inapplicable term~~

~~A member's interest in the company is to be evidenced by a certificate of membership interest.~~

~~5. Strike out if inapplicable:~~

~~Management of the company is vested in a manager or managers.~~

6. The specified effective date, if any is: 02/01/2015

month date year hour, if any

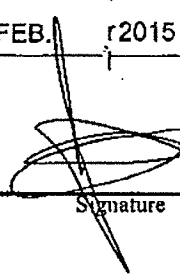
~~7. Strike out if inapplicable: The company is a restricted professional company organized to render the following restricted professional service(s):~~

~~N/A~~

8. For additional provisions of the certificate; if any, attach an 8½ x 11 sheet.

IN TESTIMONY WHEREOF, the organizer(s) has (have)
signed this Certificate of Organization this

1ST day of FEB., 2015.



Signature

Signature

Signature

Print Form

Docketing Statement DSCB:15-134A (Rev 2012)
Departments of State and Revenue

One (1) required

BUREAU USE ONLY:

Dept. of State Entity # _____

Dept. of Rev. Box # _____

Filing Period _____ Date 3 4 5 _____

SIC/NAICS _____ Report Code _____

Check proper box:

Pennsylvania Entities

<input type="checkbox"/>	business stock
<input type="checkbox"/>	business non-stock
<input type="checkbox"/>	professional
<input type="checkbox"/>	nonprofit stock
<input type="checkbox"/>	nonprofit non-stock
<input type="checkbox"/>	statutory close
<input type="checkbox"/>	management
<input type="checkbox"/>	cooperative
<input type="checkbox"/>	insurance
<input type="checkbox"/>	benefit
<input checked="" type="checkbox"/>	limited liability company
<input type="checkbox"/>	restricted professional
<input type="checkbox"/>	limited liability company
<input type="checkbox"/>	business trust

Foreign Entities

State/Country _____ Date _____

<input type="checkbox"/>	business
<input type="checkbox"/>	benefit
<input type="checkbox"/>	nonprofit
<input type="checkbox"/>	limited liability company
<input type="checkbox"/>	restricted professional
<input type="checkbox"/>	limited liability company
<input type="checkbox"/>	business trust

Other

<input type="checkbox"/>	domestication
<input type="checkbox"/>	division
<input type="checkbox"/>	consolidation

1. Entity Name:

KEYSTONE CHOICE PHARMACY LLC

2. Individual name and mailing address responsible for initial tax reports:

JON LETKO	50 MELCHOR DRIVE	EASTON	PA	18042
Name	Number and street	City	State	Zip

3. Description of business activity:

Retail Pharmacy

4. Specified effective date, if any:

02/01/2015
month/day/year hour, if any

5. EIN (Employer Identification Number), if any:

6. Fiscal Year End:

DECEMBER

7. Fictitious Name (only if foreign corporation is transacting business in PA under a fictitious name):

State of New Jersey Online Tax/Employer Registration

Page 1 of 1



STATE OF NEW JERSEY
ONLINE TAX/EMPLOYER REGISTRATION

Congratulations! You have completed the registration process.
Please note your Filer ID and confirmation number for your records and future use.

FILER ID: XXXXX4574 Confirmation #: CN313618239 for Corp Number: 0400529917

If you have used both a Filer Id and FEIN in this session, the FEIN will be the official number for tax purposes.

Your information will be posted to our production system within twenty-four hours.
Thank you for using our Business Filing and Registration Service. Best wishes for your business endeavor.

[Go to myNJ Business Portal](#)

Div. of Revenue

12/6/2012